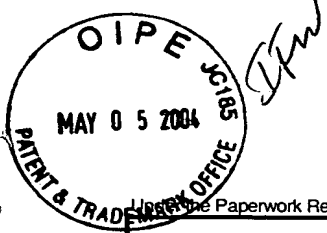


5-07-04



PTO/SB/21 (08-03)

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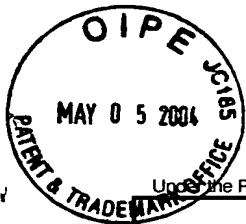
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| | | | |
|---|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/622257-Conf. #3289 |
| | | Filing Date | July 18, 2003 |
| | | First Named Inventor | Ilan Golecki |
| | | Art Unit | 1774 |
| | | Examiner Name | Jill M. Gray |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | H0003315 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address and Return receipt postcard |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | LAHIVE & COCKFIELD, LLP John D. Lanza - 40,060 |
| Signature | |
| Date | May 5 2004 |

| | |
|---|-----------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378819330 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: May 5, 2004 | Signature: (John D. Lanza) |



PTO/SB/83 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------------|
| Application Number | 10/622257-Conf. #3289 |
| Filing Date | July 18, 2003 |
| First Named Inventor | Ilan Golecki |
| Art Unit | 1774 |
| Examiner Name | Jill M. Gray |
| Attorney Docket Number | H0003315 |

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: **Please see attached sheet.**

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

☒ Firm or Individual Name **Larry J. Palguta
Honeywell Law Department**

Address **3820 Westmoor Street**

City **South Bend** State **IN** Zip **46628**

Country **US**

Telephone **(574) 231-2319**

Fax

Name **John D. Lanza**

Signature  Registration No. **40,060**

Date **May 5, 2004** Telephone No. **(617) 227-7400**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378819330 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

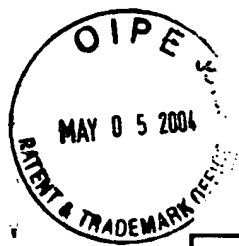
Dated: May 5, 2004

Signature:  (John D. Lanza)



ATTACHMENT

1. On March 25, 2004 the undersigned filed by Express Mail a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address in the instant application. The Revocation contained a typographical error in the identification of the application number. Instead of identifying application number 10/662,257, assigned to Massachusetts Institute of Technology, the Revocation filed on March 25, 2004 erroneously identified the instant application, application number 10/622,257, assigned to the Honeywell Corporation.
2. The Revocation filed on March 25, 2004 was accepted by the U.S. Patent and Trademark Office despite the fact that Ms. Rita M. Filipowicz, who signed the Revocation, is not a representative of the Honeywell Corporation.
3. The undersigned respectfully requests that the correspondence address for the instant application revert to the original correspondence address as noted on this paper and that the Power of Attorney to the Honeywell Law Department be reinstated.



9958

PTO/SB/82 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|--|------------------------|------------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/662,257-Conf. #9034 |
| | Filing Date | September 15, 2003 |
| | First Named Inventor | Janos Rohaly |
| | Art Unit | 2621 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | MIT-001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 00959

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 00959

OR

☒ Firm or Individual Name LAHIVE & COCKFIELD, LLP
John D. Lanza

Address 28 State Street

City Boston

Country US

State

MA

Zip 02109

Telephone (617) 227-7400

Fax (617) 742-4214

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Rita M. Filipowicz

Signature *Rita M. Filipowicz*

Date 3/24/04

Telephone (617) 253-6966

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

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